

COPAYMENTS, COPAYMENT EXEMPTION, SERVICE LIMITS, AND PCP EXEMPTIONS

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COPAYMENTS	EXEMPTIONS FROM COPAYMENTS	SERVICE LIMITS	PERSONS EXEMPT FROM NAMING A PCP
<ul style="list-style-type: none"> • \$1 for spinal manipulation received during a chiropractic appointment • \$1 for each outpatient speech therapy visit • \$2 for each office visit – this includes <u>all</u> medical doctors, nurse practitioners (NP), and physician assistant-certified (PA-C) • \$2 for each dental clinic appointment • \$2 for each outpatient physical therapy visit • \$2 for each outpatient occupational therapy visit • \$2 for each optometry appointment • \$2 for each outpatient psychological appointment • \$2 for each outpatient hearing test visit • \$3 for each hearing aid supplied • \$3 for each clinic appointment to a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) • \$3 for each podiatry office appointment • \$3 for brand name prescription drugs • \$6 for each emergency room visit that is not an emergency • \$75 for each inpatient hospital stay 	<p>The recipient receiving the service is:</p> <p>(1) Under age 21 (2) Pregnant (3) Residing in institutions such as: --(LT) Nursing Home/Long Term Care --(LT) Swing Bed/Long Term Care --(IM) Intermediate Care Facility for the Mental Retarded (ICF/MR) --(SH) State Hospital --(JH) State Hospital<21/JCAHO Facility --(AC) Anne Carlsen Home</p> <p>The service is:</p> <p>(1) Emergency, or (2) Family planning</p>	<ul style="list-style-type: none"> • Chiropractic manipulation visits – 12 per year • Chiropractic x-rays – 1 per year • Occupational therapy evaluation – 1 per year • Occupational therapy – 20 visits per year. Applies to services delivered in a clinic or outpatient hospital setting. This limit does not apply to school-based services for children. • Psychological evaluation – 1 per year • Psychological therapy visits – 40 per year • Psychological testing – 4 units (hours) per year • Speech therapy visits – 20 per year. Applies to services delivered in a clinic or outpatient hospital setting. This limit does not apply to school-based services for children. • Speech evaluation – 1 per year • Physical therapy evaluation – 1 per year • Physical therapy visits – 15 per year. Applies to services delivered in a clinic or outpatient hospital setting. This limit does not apply to school-based services for children. • Vision testing and prescriptions for glasses. Under 21 years of age – 1 exam and 1 set of glasses per year; 21 and older – 1 exam and 1 set of glasses every three years. <p>Authorizations in excess of the above limits may be granted by the Medicaid Utilization staff when medically necessary. If a recipient is over their allowed amounts of the above services, a prior authorization is required.</p>	<ul style="list-style-type: none"> • Those under age 19 with special needs that are eligible for SSI or eligible under Section 1902(e)(3) of the Act or eligible under a maternal child Health Services Block Grant • Those who are <u>aged</u> (over age 65, beginning with the month they attain age 65) and have Coverage Type/Aid Category of AA (01) • Those who are <u>disabled</u> and have Coverage Type/Aid Category of AD (04) • Those who are <u>blind</u> and have Coverage Type/Aid Category of AB (02) • Those with any of the following Foster Care/Sub Adopt Coverage Types/Aid Categories: --(07) AF AE – IV-E Sub-Adopt (ND) --(07) AF A4 – IV-E Sub-Adopt (Other) --(07) AF FA – IV-E Foster (ND) --(07) AF FA – IV-E Tribal Foster Care --(07) AF F4 – IV-E Foster (Other) --(07) AF AS – Non IV-E State Sub-Adopt --(07) AF FC – Non IV-E Regular Foster Care --(03) AF CH - Non IV-E Tribal Foster Care (TN) • Individuals who have Medicare health insurance coverage • Individuals with one of the following Medicaid living arrangements: --(LT) Nursing Home/Long Term Care --(LT) Swing Bed/Long Term Care --(IM) Intermediate Care Facility/MR --(HH) Home/Community/In Own Home --(HS) Home/Community/Spec Facility --(SH) State Hospital --(JH) State Hospital<21/JCAHO Facility --(AC) Anne Carlsen Home • Individuals with a Refugee Coverage Type/Aid Category of (06) RA 08 – Refugee – First 8 Months; RA UC – Refugee –Unaccompanied Minor • PCP is NOT required during three prior Medicaid (THMP) months